

**CFI Program Attendance Roster**  
 Department of Licensing & Regulatory Affairs  
 Bureau of Fire Services  
 PO Box 30700  
 Lansing, MI 48909  
 (517) 241-8847  
[LARA-CFI@michigan.gov](mailto:LARA-CFI@michigan.gov)

Page \_\_\_\_\_ of \_\_\_\_\_

Number of Attendees \_\_\_\_\_

**Instructor:** Complete the information below. Submit the **Original Copy** of attendance roster to the email or postal address listed above within 10 business days of program conclusion. Instructor must sign each page of the attendance roster.

Program Title	
Program Approval Number	
Credit Hours	
Instructor Name	
Program Location & Date	

Printed Name – MUST BE LEGIBLE	Certified Fire Inspector (CFI) Number

Instructor's Signature _____	Date _____
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Issued under the authority of P.A. 207 of 1941. Completion is voluntary; however failure to do so may result in denial of approval.

Program Title	
Program Approval Number	

Printed Name – MUST BE LEGIBLE	Certified Fire Inspector (CFI) Number

Instructor's Signature _____	Date _____
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